## YORK COUNTY PUBLIC LIBRARY YORKTOWN, VIRGINIIA TEEN VOLUNTEER APPLICATION FORM – Summer Reading Program

Thank you for your interest in working as a volunteer at the library. Please complete this form and return it to the *Children's Department* at *Tabb*. Check location where you would you like to volunteer: \_\_\_\_\_Tabb Library (100 Long Green Blvd) \_\_\_\_ Yorktown Library (8500 George Memorial Hwy) Date Name Date Address City State Zip Code Present School Age Work Experience (include volunteer experience) Special Interests/Skills \_\_\_\_\_ Why are you interested in volunteering at the library?\_\_\_\_\_ Will you be transported to or from work by anyone other than parents or self? If so, please give name and Phone #. In case of emergency, please contact Phone # Do you have any physical or medical condition of which we should be aware?\_\_\_\_\_ If so, please explain \_ Must commit to working a minimum of 4 weeks. Please check two slots that you would be willing to work (Choice A & Choice B). Monday Tuesday Wednesday Thursday Time 10:00-12:00 12:00-2:00 2:00-4:00 4:00-6:00 6:00-8:00 XXXXXX Applications will be accepted from April 24, 2006 to May 26, 2006 Applicant Signature Date Parent's Signature Date Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_

When applying for a Summer Reading Program Teen Volunteer position you must agree to attend <u>one</u> of these training sessions held in the Tabb Library Children's Room:

June 2 Friday at 4:00

June 3 Saturday at 1:00

June 6 Tuesday at 7:00 p.m.

These will be the only training sessions offered and attendance is mandatory. The SRP will be held from June 19 through August 4, 2006.

You must commit to working 4 of the 6 weeks.

A few volunteers will be asked to assist June 12 – 16.

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